

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	R0151B-REG
First Inventor	Maag, Hans et al.
Title	Substituted Benzoxazinones and Uses Thereof
Express Mail Label No.	ER 494672750 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **69**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets **3**]
5. Oath or Declaration [Total Sheets **3**]
  - a. ☒ Newly executed (copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
Prior application information: Examiner \_\_\_\_\_

of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Art Unit: \_\_\_\_\_

## Claim for Benefit of Provisional Application(s):

This Application claims the benefit under title 35 U.S.C. 119(e) of U.S. Provisional Application No. **60/424,946**, filed **November 8, 2002**.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

**24372**

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name  
Grant D. Green  
ROCHE PALO ALTO LLC



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Patent Law Dept., M/S A2-250  
3431 Hillview Avenue

**24372**

PATENT TRADEMARK OFFICE

City	Palo Alto	State	CA	Zip Code	94304
Country	U.S.A.	Telephone	650/ 855-5311	Fax	650/ 855-5322

Name (Print/Type)	Robert C. Hall, ph. 650/ 354-7540	Registration No. (Attorney/Agent)	39,209
Signature		Date	Nov. 6 2003

<b>FEE TRANSMITTAL for FY 2003</b>				<i>Complete if Known</i>			
<i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>				Application Number		<b>New Application</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date			
				First Named Inventor		<b>Maag, Hans et al.</b>	
				Examiner Name		unassigned	
				Art Unit			
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) <b>1,310.00</b>		Attorney Docket No.		<b>R0151B-REG</b>	


  

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																											
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Deposit Account Number: <b>18-1700</b>  Deposit Account Name: <b>Roche Palo Alto LLC 3431 Hillview Avenue Palo Alto, CA 94304</b>				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<b>2. EXTRA CLAIM FEES</b>  Total Claims: 50 - 20 ** = 30 X 18 = 540 Independent Claims: 2 - 3 ** = 0 X 86 = 0 Multiple Dependent: X = 0				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td></td><td></td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td></td><td></td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td></td><td></td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td></td><td></td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td></td><td></td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;"><b>SUBTOTAL (2)</b></td></tr> </tbody> </table>						Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18			Claims in excess of 20		1201	86			Independent claims in excess of 3		1203	280			Multiple dependent claim, if not paid		1204	84			** Reissue independent claims over original patent		1205	18			** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>																																																																																																																																																																																																													
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\*\*or number previously paid, if greater; For Reissues, see above

**SUBMITTED BY**

*Complete (if applicable)*

Name (Print/Type)	Robert C. Hall	Registration No. Attorney/Agent	39,209	Telephone	650/ 354-7540
Signature				Date	Nov. 6 2003